

EXHIBIT "A"
EEOC CHARGE-SEPT 30, 2016

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**450-2016-04353****Texas Workforce Commission Civil Rights Division**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Samuel J. Kennemer

Home Phone (Incl. Area Code)

(903) 821-4177

Date of Birth

02-16-1950

Street Address

City, State and ZIP Code

2984 Southmayd Road, Whitesboro, TX 76273

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

TEXAS HEALTH PRESBYTERIAN HOSPITAL

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(972) 981-8132

Street Address

City, State and ZIP Code

6200 West Parker Road, Plano, TX 75093

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☐ RETALIATION ☒ AGE ☐ DISABILITY ☐ GENETIC INFORMATION
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

09-01-2016**09-01-2016**☐

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

PERSONAL HARM:**On September 1, 2016, I was terminated from my position a Register Nurse because of my age.****RESPONDENT'S REASON FOR ADVERSE ACTION:****On September 1, 2016 Tammie Key, Operating Room Manager informed me that I was terminated because of anger issues.****DISCRIMINATION STATEMENT:****I believe that I have been discriminated against because of my age February 16, 1950, in violation of Title VII of the Civil Rights Act of 1964, as amended.**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

(month, day, year)

Sep 30, 2016

Date

Charging Party Signature

[Signature]
[Signature]
Sep 30 2016